LOCAL VOICES. STATEWIDE IMPACT.

Protecting Iowa's Local Early Childhood Systems

SF 2488 | Interim Study Committee

One coordinated plan for families, providers, and local communities

Association of Early Childhood Iowa Area Boards & Advocates

STATE

+

LOCAL

1

02 / OUR REQUEST

Pilot Vs Mandate

SF 2488 permits local-board-requested transfers; broader changes require impact analysis and joint planning.

01 Provide the information

HHS shares a written ECFS operating plan, Family Support design, funding analysis, contracting expectations, and impact assessment.

02 Develop the plan together

HHS, ECI Boards, providers, and community partners resolve concerns and define how local and statewide systems will operate together.

03 Protect local capacity

Demonstrate how changes will protect partnerships, local service coordination, family access, workforce stability, and quality.

ONE SHARED PLAN BEFORE NEW STATEWIDE TRANSITION REQUIREMENTS

LOCAL VOICES. STATEWIDE IMPACT.

2

03 / CONSTITUENT IMPACT

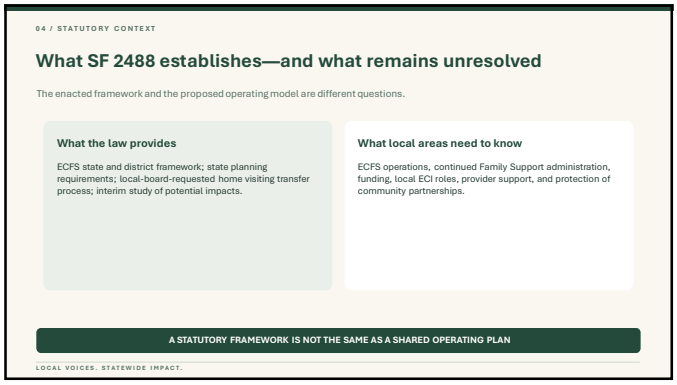
What could change for constituents?

If home visitation contracts move, outcomes depend on how local coordination is maintained.

POTENTIAL SCENARIO	POTENTIAL IMPACT ON CONSTITUENTS
Contracts move; local coordination stays funded	Little disruption; consistent contracts and potential for expanded access.
Local ECI Director capacity is reduced	Less help connecting services, identifying gaps and resolving family barriers.
Decisions move to districts	More consistency across counties; unique local needs may receive less attention.
Home visiting becomes less connected	Families may have fewer coordinated links to child care, health and other supports.
Provider contracts are consolidated	Possible efficiencies; smaller providers may struggle and families may lose choices.
Eligibility and referrals change	Standard referrals may help, but new requirements could create access barriers.
Title IV-E reimbursement expands funding	More families could be served if additional revenue is reinvested locally.
Local flexibility is reduced	Slower responses to emerging needs, transportation or language barriers.
Accountability becomes centralized	Reporting may improve; fewer direct opportunities to raise local concerns.
Local responsibilities remain, but funding moves	Local partners may be expected to coordinate services without adequate staff or funds.

LOCAL VOICES. STATEWIDE IMPACT. 03

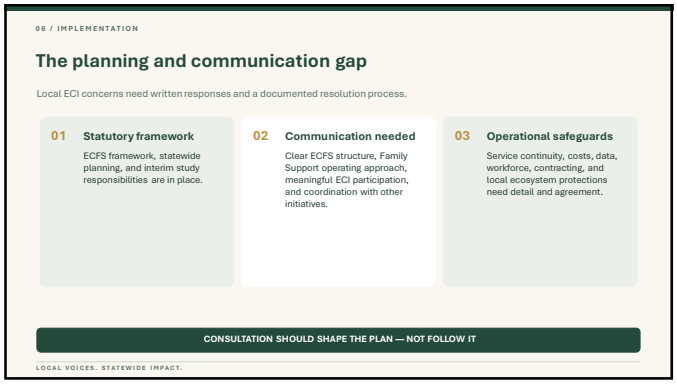
3


04 / STATUTORY CONTEXT
What SF 2488 establishes—and what remains unresolved
The enacted framework and the proposed operating model are different questions.
What the law provides
ECFS state and district framework; state planning requirements; local-board-requested home visiting transfer process; interim study of potential impacts.
What local areas need to know
ECFS operations, continued Family Support administration, funding, local ECI roles, provider support, and protection of community partnerships.
A STATUTORY FRAMEWORK IS NOT THE SAME AS A SHARED OPERATING PLAN
LOCAL VOICES. STATEWIDE IMPACT.

4


05 / MODERNIZATION
Chapter 256I modernization and Title IV-E need one plan
ECI and State partners are collaborating on modernization; local areas report the funding connection has not been discussed.
01 Work underway
ECI Directors, State ECI Board members and HHS are discussing how to modernize Chapter 256I and operationalize a stronger ECI system.
02 Missing discussion
Local areas report that statewide Title IV-E drawdown and ECI eligibility to participate have not been worked into these conversations.
03 Design the connection
Clarify how ECI areas can continue managing, coordinating, and partnering in Family Support and local early childhood services.
ONE COORDINATED DESIGN: 256I + TITLE IV-E + STATE-LOCAL SERVICE DELIVERY
LOCAL VOICES. STATEWIDE IMPACT.

5


06 / IMPLEMENTATION
The planning and communication gap
Local ECI concerns need written responses and a documented resolution process.
01 Statutory framework
ECFS framework, statewide planning, and interim study responsibilities are in place.
02 Communication needed
Clear ECFS structure, Family Support operating approach, meaningful ECI participation, and coordination with other initiatives.
03 Operational safeguards
Service continuity, costs, data, workforce, contracting, and local ecosystem protections need detail and agreement.
CONSULTATION SHOULD SHAPE THE PLAN — NOT FOLLOW IT
LOCAL VOICES. STATEWIDE IMPACT.

6

07 / FUNDING DESIGN

Percentages alone are not a statewide strategy

Funding should follow the responsibilities required to support statewide and local programming.

STATUTORY FORMULA

25% → 15% → 5%

Declining FY 2027–28 through FY 2029–30; conditional on additional federal Title IV-E funds being received.

JOINT STATE–LOCAL INVESTMENT PLAN

Specify roles, responsibilities, costs, eligible activities, service outcomes, and sustainable funding for both state programs and local ECI infrastructure.

FUND THE WORK AND THE CONNECTIONS — NOT SEPARATE SILOS

LOCAL VOICES. STATEWIDE IMPACT.

7

08 / STUDY AREA

Modernize Chapter 256I before weakening local capacity

Potential course of action: a viable, effective ECI system | SF 2488, Section 25(1)(d)

WHAT STILL NEEDS LOCAL ECI STAFFING

- Conduct community needs assessments and support local Board governance.
- Coordinate family support, child care, health services and local investments.
- Track outcomes and identify service gaps.

WHY SEQUENCING MATTERS

- If contracts move first, some ECI areas may lose capacity before revised duties and funding are decided.
- A reworked 256I should define local responsibilities, sustainable administration and accountability first.

WHAT HHS SHOULD SHOW A 256I implementation plan defining ECI duties, staffing and funding before any broader contract transfer.

Preserving local functions may require new administrative funding, regardless of which entity holds contracts.

LOCAL VOICES. STATEWIDE IMPACT.

8

09 / COMMITTEE REQUEST

Recommended conditions before further action

Ask the committee to obtain the evidence, compare options, and build one coordinated plan.

01	**Formally request HHS data**	Under Sec. 25(3), request ECFS and Family Support plans, cost projections, access data, and transfer details.
02	**Jointly resolve ECI concerns**	Document dialogue with local Boards, directors, providers, and community partners—and how concerns are addressed.
03	**Evaluate models and protect ECI**	Compare local ECI, ECI-led ASO, and HHS district models for cost, access, quality, continuity, and ECI viability.
04	**Coordinate long-term investments**	Align Chapter 256I, Title IV-E opportunities, state responsibilities, and sustainable local ECI capacity.

LOCAL VOICES. STATEWIDE IMPACT. 1

9